

CALIFORNIA'S HEALTH

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GUY P. JONES
Editor

COMBATING VENEREAL DISEASES

Hon. Robert W. Kenny, Attorney General of California, has issued a manual entitled "Combating Venereal Diseases—Laws and Procedures." The manual provides a clear statement relative to the needs for venereal disease control as stated in the Preface:

"A widespread demand has been expressed for a clear explanation of the law and legal proceedings for the eradication of venereal diseases and of the crime which can not be divorced from them. This manual, therefore, is presented to the people of California to aid them in combating these diseases.

"War has made us acutely aware of our peace-time neglect. To protect the health, safety, and welfare of all our people we dare not permit this neglect to continue.

"Important as the moral questions involved are, it is well known that morality can not be achieved by legislation, and that law enforcement officers can not enforce a moral code. Church, home, and school must assume responsibility for teaching conduct consistent with the moral principles which are the very foundation of our society.

"A venereal disease control program cuts so sharply into the fundamental fabric of society that, to be successful, it must have the assistance, cooperation, and guidance of every agency.

"Communities must also be effectively and comprehensively organized to create barriers against breakdown of the standards set by the church, the home, and the school.

"You can not swat an infected person as you would a fly, or shoot him as you would a diseased steer but the infected person's interest in and right to freedom and liberty is temporarily subordinated to the general

public interest. The Supreme Court of California has used strong language sustaining this position:

'Health regulations enacted by a State under its police power and providing even drastic measures for the elimination of disease, whether in human beings, crops, or cattle, in a general way are not affected by constitutional provisions, either of the State or National Government.' And, 'In the exercise of the police power, the use of property may be restricted or it may even be destroyed, and no legal liability arise to compensate the owner thereof.' *Patrick v. Riley*, 209 Cal. 350, 287 P. 455.

"It is the sincere desire of the State Department of Justice that this manual may assist in bettering the venereal disease rate in California, now in the twenty-second worst position among the States.

"The department will make available its entire facilities at all times. Its staff will act primarily as legal advisors and consultants in the control of venereal diseases. We are eager to discuss the problems and program for action with each police chief, sheriff, district attorney, health officer, and other interested agency in California."

Relative to *Health Laws and Regulations* the Attorney General states:

"Under the Venereal Disease Control Act 'relating to the care and control of venereal diseases' it is the mandatory duty of the State Board of Public Health 'to cooperate for the prevention, control and cure of venereal diseases' with the State Board of Equalization and its investigators, local police and sheriffs, and district attorneys. Section 1 provides: 'The State Board of Public Health shall establish and maintain in the Department of Public Health a Bureau of Venereal

Diseases whose function it shall be to cooperate for the *prevention, control and cure* of venereal diseases * * * with Federal, State, local and district health officers, their boards of health, and all other health authorities, *and with any other persons, institutions or agencies.*' The act further provides that the chief of this bureau 'shall have been specially trained or experienced in public health work, and in the *prevention and control* of venereal diseases,' and Section 7 in part provides that 'the Bureau of Venereal Diseases shall have the power, subject to the direction and supervision of the State Department of Public Health, to investigate conditions affecting the *prevention, control and approved procedure* of venereal diseases * * *.'

"Emphasis here must be placed upon the prevention and control of venereal diseases and cooperation of all agencies of government. Without intelligent cooperation there can not be prevention and control, and furthermore, such cooperation is essential to prevent the prostitute and promiscuous girl from continuing her operation in the bar and tavern."

The part of the *Local Health Officer* in the control of venereal diseases is discussed in the following words:

"In order that a more effective law enforcement program for the control of venereal disease may be realized, the opportunities provided in the law for cooperation of the local health officer, and his staff of investigators, with peace officers, such as police, sheriffs and investigators of the California State Liquor Administration, must be appreciated fully by each agency and a procedure for coordinated action be agreed upon by the officials in the local communities of the State.

"Under the Venereal Disease Control Act, Section 10, it is 'the duty of the health officers of this State to use every available means to ascertain the existence of cases of infectious venereal diseases within their respective jurisdictions, to *investigate all cases that are not, or probably are not, subject to proper control measures* * * * and to ascertain so far as possible all sources of infection and to take all measures reasonably necessary to prevent the transmission of infection. Said health officers in enforcement of this act are *hereby vested with the power of inspection and quarantine* of any place or person when such procedure is necessary to enforce the Rules and Regulations of the State Board of Public Health or the State Department of Public Health.' The act further provides that 'it shall be the duty of each local health officer to enforce the provisions of this act pertaining to the *control, prevention, and cure* of venereal diseases, and such rules and regulations as may be lawfully promulgated by the State Board of Public Health.' Here again, it is to be noted that the

law places the emphasis upon investigation, prevention and control.

"Further, Section 114 of the Rules and Regulations of the State Board of Public Health provides that 'each local health officer shall take every proper means of repressing prostitution, inasmuch as it is the most prolific source of the venereal diseases.' In Section 116 it is further provided 'when the local health officer, *through investigation*, becomes aware of unusual prevalence of venereal diseases, or of *unusual local conditions favoring the spread of these diseases*, he shall report the facts at once to the State Department of Public Health'."

The manual provides full information relative to the basic aim—which is treatment of the individual; taverns or bars as factors in the spread of the disease, as well as houses of prostitution. One chapter is devoted to a discussion of public health laws, their constitutionality and their enforcement. Other chapters are devoted to the courts, the sheriff and the district attorney and the policies of the Army and Navy. The manual is a distinct contribution to the promotion of public health in this State.

MORE RHEUMATIC FEVER REPORTED

Rheumatic fever was made reportable in January of 1942 and during the three years of reporting totals of 210, 342, and 569 cases have been made respectively for the years 1942, 1943 and 1944. Physicians are requested to avoid reports on inactive rheumatic fever cases, or quiescent rheumatic heart disease in older persons. The State Department of Public Health wishes to eliminate as much paper work as possible and physicians should be notified by local health officers that only reports of active cases should be made.

"The State epidemiologist wishes to avoid reports on inactive rheumatic fever or established quiescent rheumatic heart disease in older persons, and we wish to protect physicians from more paper work than is necessary.

"Acute rheumatic fever has been defined as 'a period of activity of the disease in question, regardless as to whether it was an acute flare-up or a subacute and prolonged active manifestation of the disease.' Though not pathognomonic, acute or subacute arthritis, active endocarditis, myocarditis, and mild pericarditis, Sydenham's chorea, otherwise unexplained fever and malnutrition, frequent nosebleeds, and erythema marginatum are all, under certain circumstances, considered as manifestations of active rheumatic fever. Also, in rheumatic subjects, elevated sedimentation rate, persistent tachycardia, changing mur-

murs, leukocytosis or nodules should be taken as criteria of activity."

The following table gives the number of civilian cases reported in 1942, 1943 and 1944 by counties.

County	1942	1943	1944
Alameda	7	17	42
Alpine			
Amador	1		
Butte			
Calaveras			
Colusa		1	
Contra Costa	15	19	83
Del Norte			
El Dorado			
Fresno	1	5	6
Glenn		2	
Humboldt			
Imperial			1
Inyo		1	3
Kern	6	5	2
Kings	1		
Lake			
Lassen		4	
Los Angeles	112	100	231
Madera	2		
Marin	1	10	16
Mariposa			
Mendocino			1
Merced	1		3
Modoc			1
Mono			
Monterey		3	1
Napa	2		1
Nevada			
Orange	6	3	11
Placer			
Plumas		3	
Riverside		1	10
Sacramento	2		2
San Benito			
San Bernardino	7	13	16
San Diego	7	7	9
San Francisco	9	32	52
San Joaquin	2	2	6
San Louis Obispo	1		3
San Mateo	3	3	3
Santa Barbara	1	3	
Santa Clara	7	8	13
Santa Cruz		1	3
Shasta	2		
Sierra			
Siskiyou	1	1	
Solano	2	20	23
Sonoma	1	4	10
Stanislaus			1
Sutter			
Tehama	1		2
Trinity			
Tulare	4	1	3
Tuolumne	1		1
Ventura	2	2	1
Yolo		7	4
Yuba	2	4	1
Total	210	342	569

gives the distribution by age groups during the three-year period.

Age group	1942	1943	1944
Under 1 year			
1 year	1		1
2 years		7	8
3 "	2	2	15
4 "		4	7
5 "	9	19	36
6 "	10	22	34
7 "	7	17	53
8 "	11	26	36
9 "	11	20	41
10-14 years	74	104	146
15-19 "	37	46	65
20-24 "	10	27	31
25-29 "	9	16	21
30-34 "	8	9	26
35-44 "	5	12	14
45-54 "	5	1	7
55-64 "	1	2	
65-74 "	1		
75 "	1		1
Adult		2	2
Unknown	4	2	4
Total	210	342	569

COURT UPHOLDS HEALTH OFFICER

The Health Department of Monterey County has successfully defended a court procedure to release from quarantine a noncooperative female patient who was infected with gonorrhea. The department was served with a writ of habeas corpus and answered suit in the Superior Court of Monterey County. Denial of the writ was upheld by the court.

This action is of significance for it indicates that the courts are ready to support activities in the control of venereal disease.

MALARIA KEPT UNDER CONTROL

In spite of early fears that there might be a rise in the malaria rate in California due to imported cases from the Southwest Pacific, there has been no indication of a rise through the importation of any cases from that war zone. Nevertheless, activities in mosquito control are carried on continually throughout the State and every effort is being made to keep the situation under control.

During the month, a special short course in modern technique in mosquito control was conducted by the University of California at Berkeley. The department assisted in this teaching course which was attended by mosquito abatement district personnel throughout the State.

Plans were made for conducting a series of experiments in the various mosquito abatement districts through the use of the new insecticide known as "D.D.T.", with the department to act as the central agency for the experiment.

During the three years under consideration, the highest incidence in reported cases occurred in the 10 to 14 year age group followed by the 15 to 19 year age group. Approximately half of all cases of rheumatic fever reported during these three years were individuals from 10 to 19 years of age. The following table

EARLY PUBLIC HEALTH IN CALIFORNIA

(CONTINUED FROM OUR LAST ISSUE)

By GUY P. JONES

This psychology of fear is almost identical with the psychology of fear that prevailed during the influenza pandemic of 1918 and 1919, recollections of which are still fresh in the minds of a few California health officers. A few days later, on November 2, 1850, the *Transcript* published an editorial urging that the common council of the city immediately establish a board of health to consist perhaps of two physicians and one citizen and in an adjoining column there was published a report to the citizens of Sacramento City, by a committee appointed by the Medico-Chirurgical Academy, composed of six of Sacramento's leading physicians, in which suggestions were made to the public requesting a response becoming to the intelligence and humanity of the community. Their report acknowledged the presence of cholera, the great scourge of society, and stated that its aggressions upon the health and lives of our citizens demand no ordinary sacrifices in order that all sanitary measures may be speedily and effectively taken to obstruct its progress and diminish its fatality. Within 48 hours, many of the most prominent, useful citizens had been attacked with the disease. While many recovered, others died soon after being stricken. The report stated that in consequence of the mortality, many had left the city and others who remained were more or less affected by fears and apprehensions of contracting it.

NEWSPAPERS OFFER ADVICE

The following suggestions were made for combating the outbreak: "We would first suggest that the citizens individually devote themselves this day to a thorough cleansing of the streets, alleys and backyards of the city. If every man having a house or store would but appropriate two hours to the cleaning out of his own premises and carry his cleaning operations out to the middle of the street, the whole city might be immediately put in such a sanitary condition as would almost circumvent the malady in its incipient existence. If when the dirt has been accumulated in the middle of the streets, it is impossible under the pressure of business for the council to have it removed, we can not be mistaken in believing that the philanthropic feelings of individuals will be amply sufficient to secure its prompt removal. The city thus cleansed, and disinfecting agents distributed throughout the private alleys, houses and streets, will reduce the mortality to so great a degree as to disarm the disease of its terror and its destructive effects upon life and business. One-half of the lives now

daily sacrificed may be saved by this means. One day's labor would be sufficient to save the lives of so large a number of our fellow citizens—our neighbors. Indeed, we do feel that we are but asking people to save their own lives for no man knows who is to be the next victim.

"We would earnestly recommend all persons to avoid those immediate causes of the disease which need but enumeration to be fully appreciated. The neglect of a relaxed condition of the bowels, sleeping in badly ventilated or crowded apartments, keeping of very late hours, inordinate indulgence in taking stimulants, especially those that easily acidify—indigestible articles of food, such as cabbage, radishes, beans, meat pies, raisins, fruit cake and salmon. We would particularly recommend that persons living in the city, where a physician can be at all times and hours consulted, should not take the nostrums with which the community is already flooded. These persons ought to sleep in the second story and especially sleep warm."

After the epidemic had subsided, there was prolonged discussion relative to its causes and effect. How many deaths actually occurred is unknown. It is certain, however, that there was a greater demand for interments than undertakers could supply. Many individuals were buried by friends of the deceased and no record ever made of their deaths. Countless numbers were also simply wrapped in blankets and placed in graves dug in the sandy soil.

LOGAN MADE EPIDEMIOLOGICAL STUDY

Dr. Logan made an interesting epidemiological observation at this time when he noted that the first cases of cholera in Sacramento occurred on the levee where the steamer, Montague, had tied up, this vessel having brought the disease from Panama. He also commented on the fact that a veritable Egyptian plague of flies persisted in Sacramento at this time. The Montague's mission in bringing cholera to Sacramento was continued after it left Sacramento on the 18th of October with forty-three passengers, arriving in San Francisco on the 22d, four days later. On the 19th a passenger, a native of Connecticut, was taken sick and was buried at Benicia on the 20th. On the 21st, a passenger, a native of Waltham, died at 4 p.m., eight hours after the onset of the illness. At 7 p.m. on the same day, a woman, native of Massachusetts, died of cholera. At 9 p.m. another passenger from Massachusetts succumbed to the disease. At 11 p.m. a foremast hand, native of Rhode Island, died. At 3 a.m., on the 22d, the second

mate died. At the same hour a passenger named Reed died of the disease. When the ship reached San Francisco, the captain and four others were left sick on board the vessel. On November 13, 1850, the *Sacramento Transcript* summarized the outbreak with the words, "In our fancied security, a heedlessness of the laws of health had become as universal as was health itself, but we are happy to announce that a sense of security begins to manifest itself. People are returning to Sacramento and business again evinces activity. By reference to the list of deaths, it will be seen that the mortality gradually increased from the twentieth of October to the thirty-first when it reached its maximum. From that time there were about an equal number of deaths up to November 6th when the list dropped from 31 to 24. From that time to this, a gradual diminution has taken place and we trust, in a few days, we shall not have a single case to report."

DR. LOGAN FINDS LEAD POISONING

Dr. Logan, upon his arrival in Sacramento in 1850, started the practice of medicine from his home, which was on the outskirts of the city. Shortly afterward, he established himself in the business district and at various times was associated in partnership with other practitioners of medicine in the city. In those days it was customary for physicians to own drug stores. On one side of the store was a small stock of drugs. On the opposite side were booths covered with black curtains where patients were examined and diagnoses made. After the personal consultation, a prescription would be filled from the counter on the opposite side of the room. For several years Dr. Logan maintained an office of this sort. He attended cases of lead poisoning which he traced to the use of soda water, which was discharged through lead pipes. He saw many cases of virulent smallpox and other epidemic diseases. Although he maintained a lucrative medical practice, it is apparent that his chief interest lay in the communicable diseases and the safeguarding of the public health. Upon his arrival in Sacramento he brought with him instruments for measuring rainfall, humidity, temperature and other meteorological phenomena. He had brought the instruments from New Orleans, having formerly procured them from the Smithsonian Institute at Washington. He was greatly interested in the possible relationship between the incidence of communicable diseases and weather conditions. From the time of his arrival in Sacramento, until 1870, he made daily observations of rainfall, precipitation, direction and velocity of the wind, humidity, and other factors which, upon the formation of the United States Weather Bureau in 1870, were made part of the official governmental records. He took an active part in the organization of the California Medical Society. Together with

Dr. E. S. Cooper of San Francisco he issued the call for the organization of that society, which was effected in Sacramento in April of 1856. He was made Chairman of a Committee on Medical Topography of the American Medical Association and wrote extensively for publication. Many of his articles on mortality and climate appeared in the *Pacific Coast Journal of Medicine* in the late 50's and 60's. He was primarily responsible for the State law enacted in 1858 that provided for the state registration of births and deaths. Unfortunately, the law remained on the statute books for only two years, its repeal becoming necessary because of a conflict over the payment of fees for registration.

A layman named Lemuel Shattuck in the early 50's had written a report published in his native State of Massachusetts, urging the organization of a State Board of Health. This report is still available and may be found of interest to students in public health administration. It is a remarkable document, not alone for the foresight expressed, but also for its sound reasoning and technical exactness. Dr. Logan must have known of this paper and must have been thoroughly familiar with its contents. It is known that Shattuck's work was a pronounced factor in the establishment of the Massachusetts State Board of Health and it is certain, also, that his work played an important part in the organization of the California State Board of Health.

CALIFORNIA'S FIRST EPIDEMIOLOGIST

For many years Dr. Logan had sent circular letters to physicians throughout California urging them to send him data relative to conditions of climate, soil and other factors that prevailed when epidemics occurred. He wrote laboriously and exhaustively upon the subject of epidemics. His point of view was based largely upon the miasmatic theories of the day, but nevertheless he frequently expressed opinions upon epidemiology that were fully confirmed in later years when the bacteriological causes of many communicable diseases were revealed. His interest in epidemiology and vital statistics at the time when neither of these subjects existed as distinct entities marks a progressive mind, and his zeal in advising his colleagues relative to his findings in these subjects indicates a deep interest in public welfare.

By 1870 Dr. Logan's sphere of influence had grown extensively and he had acquired a wide reputation, not alone as a practitioner of medicine but also as a prominent citizen of the State. He took advantage of his advanced position to draft a bill providing for the organization of the California State Board of Health. The measure gave the Board little power and there were no additional health laws that provided for any activities related to enforcement. The measure was

introduced by Senator Burnett of Santa Rosa and was enacted into law after considerable debate in the Legislature. The act provided for the appointment of seven physicians, two from Sacramento and the other five from different sections of the State who shall constitute the State Board of Health and Vital Statistics. Appointees were to hold their offices for terms of four years. They were to place themselves in communication with local boards of health, hospitals, asylums and public institutions throughout the State, and were to take cognizance of the interests of health and life among the citizenry. They were empowered to make sanitary investigations and inquiries relative to the causes of disease, especially of epidemics, the source of mortalities, the effects of localities, employments, conditions and circumstances on the public health, and they were instructed to gather such information in respect to these matters as they might deem proper for diffusion among the people. They were instructed to devise some scheme whereby medical and vital statistics of sanitary value might be obtained and were instructed to act as an advisory board to the State on all hygienic and medical matters, especially such as related to the location, construction, sewerage and administration of prisons, hospitals, asylums and public institutions.

Section 3 of the act to establish the State Board of Health read as follows: "It shall be the duty of the Board and they are hereby instructed to examine into and report what, in their best judgment, is the effect of the use of intoxicating liquor as a beverage upon the industry, prosperity, happiness, health and lives of the citizens of the State. Also, what legislation, if any, is necessary in the premises."

PARTS OF OLD LAW STILL STAND

It is interesting to note that this section of the original law establishing the State Board of Health is still carried in the Health and Safety Code, Section 210 of which, in 1943, 75 years later, reads as follows: "It shall examine into and report what, in its best judgment, is the effect of the use of intoxicating liquor as a beverage upon the industry, prosperity, happiness, health and lives of the citizens of the State. Also, what legislation, if any, is necessary."

The first members of the California State Board of Health were:

1. Thomas M. Logan, Sacramento
2. J. F. Montgomery, Sacramento
3. Henry Gibbons, San Francisco
4. L. C. Lane, San Francisco
5. F. Walton Todd, Stockton
6. C. E. Stone, Marysville
7. Luke Robinson, Colusa

The first meetings of the board were held in the offices of Dr. Logan on the second floor of the building

which still stands at Second and K Streets, Sacramento. The present State Capitol was not entirely completed at this time, only a few of the executive offices being located in the building. For several years all meetings of the board were held in Dr. Logan's office. At the first meeting, held on April 22, 1870, Dr. Logan called the board together, presenting a long opening address outlining the program of activities indicated. Standing committees were appointed on salubrity of public institutions, schools, hospitals, prisons, factories and so forth; another on statistics relating to life and health, modes of employment and of living and the comparative healthfulness of different localities; a third committee was on intoxicating liquors, inebriate asylums, pathological influences of alcohol and so forth. Circular letters were sent to all practitioners of medicine in the State asking for the submission of faithful weekly or monthly records of the more important diseases and accidents occurring in their practices. It was requested that the name of the disease or character of the accident be written as distinctly as possible, and it was requested that the classified nomenclature sent with the letter be considered as a guide in the registration. Explanatory notes and remarks from each individual observer were requested with particular statements covering the pathological indications afforded by postmortem examinations, also any peculiarities that may have manifested themselves during the progress of the disease, either in respect to epidemical or endemical influences or the marked effects of remedial agents. The aid of the benevolent order of I. O. O. F. was requested by the secretary of the board in advancing the board's investigations which are prompted by one sole motive, "The improvement in human health and the lengthening out of the life of each individual man and woman in the State."

At a meeting of the board held August 26, 1871, Dr. Montgomery brought up the subject of criminal abortion, which was discussed by the board members, and resolutions approving of the action of a report of a committee of the American Medical Association upon Criminal Abortion was approved. Reports were submitted on inspections made of the almshouse and city and county hospital at San Francisco, as well as other institutions throughout the State. Reports of water supplies in cities and towns were studied through correspondence. The purity of river and well water was discussed, and the sanitary architecture of prisons and hospitals formed a subject for discussion.

(To be continued in next, and succeeding issues)

The Red Cross never has failed the American soldier. It has helped him in his hour of danger, it has sustained him in his hour of pain, and it has comforted him in his hour of death.—Gen. Douglas MacArthur.

SEVENTY-FIFTH BIRTHDAY APPROACHES

April 15, 1945, will mark the seventy-fifth anniversary of the organization of the California State Board of Public Health, which was the second such board to be established in the United States. The Massachusetts State Board of Health was organized in the late fall of 1869, only a few months before the California board was established. The transcontinental railroad was completed only a few months before and the enactment of progressive legislation to establish the California State Board of Health at this early period is an outstanding event.

It is anticipated that the seventy-fifth anniversary will be observed properly in Sacramento. Since only one other State Board of Health in the United States was established before the California board, it is important that this occasion be celebrated fittingly.

During the next few months, considerable material pertaining to the early history of public health in California will be published in "California's Health" in order that readers may have an understanding of the conditions that prevailed in California during the early days and which played an important part in the establishment of a State organization to safeguard the health of the general public.

HEALTH OFFICERS NEWLY APPOINTED

Doctor Harrison Eilers, who has been health officer of San Luis Obispo County for many years, has become City Health Officer of Long Beach, succeeding Doctor Frank Stewart who resigned the office. Doctor Eilers has been succeeded in San Luis Obispo County by Doctor Philip A. Bearg, who assumed office December 17, 1944.

Doctor Herbert F. True, who has been City Health Officer of Sacramento for many years, retired because of ill health. Doctor Albert F. Zipf, Sacramento County Health Officer, has taken over Doctor True's duties in addition to his own.

Doctor Edith Young, who for many years has been a medical officer in the Bureau of Maternal and Child Health of the California State Department of Public Health, on January 1, 1945, became health officer of Sonoma County. She succeeds Doctor E. D. Barnett, who has become Medical Superintendent of a large hospital in Detroit, Michigan.

Doctor George S. Martin, who has been City Health Officer of Susanville for many years, died recently. His successor has not been appointed.

On December 4, 1944, Doctor Wayne F. McKee became the City Health Officer of Ferndale in Humboldt County, succeeding Doctor H. C. James.

STUDENT NURSE RECRUITMENT

During the past year the Citizen's Committee on Student Nurse Recruitment, appointed by Governor Warren has, through its staff assisted in the recruitment of more than 2,500 nurses, the largest number of student nurses ever enrolled in one year in the State of California. Before the war the enrollment was approximately half of this number.

The vast majority are members of the United States Nurse Cadet Corps which provides free tuition, uniforms and a small monthly stipend.

Information recently released indicates that the armed forces are in great need of nurses. Nurse cadets are not obligated to join the armed forces, but pledge themselves to continue in essential nursing for the duration of the war. Thus far, only 18 per cent of the graduates of the cadet corps have entered in the armed forces. The requirements of the armed forces call for approximately double this number.

On December 15 the Procurement and Assignment Committee for Nurses held a conference at which plans were made to fill California's quota of nurses for the armed forces.

POSTWAR SEWAGE DISPOSAL PROJECTS

During the month of November the Bureau of Sanitary Engineering surveyed and compiled a list of postwar sanitation projects for the State of California. This survey shows the need of the construction of approximately \$50,000,000 worth of sewage treatment plants. Other costs entering into sewage systems bring the total of the postwar sanitation projects in prospect to \$120,000,000.

EXAMINATION FOR PUBLIC HEALTH NURSING CERTIFICATE

An examination for the State Public Health Nursing Certificate will be held by the State Department of Public Health at 9 a.m. on Saturday, March 24, 1945, in San Francisco and Los Angeles.

Application forms and information in regard to requirements for admission to the examination may be obtained from the offices of the State Department of Public Health in San Francisco or Los Angeles. Completed applications should be sent to the Public Health Nursing Service, State Department of Public Health, 509 Phelan Building, 760 Market St., San Francisco 2, California.

Applications for admission to the examination should be in the office of the State Department of Public Health not later than Friday, March 9, 1945. Questions from previous examinations are not available to applicants.

LOCAL HEALTH DISTRICTS

Dr. Ellis Sox, Chief, Division of Local Health Service, conferred with the Board of Supervisors at Colusa County, regarding the provision of adequate health services for that area. Since it is not economically advantageous to set up a health service for less than 20,000 or 30,000 individuals, it was suggested that the Colusa County Board of Supervisors contact the Supervisors of Sutter-Yuba Counties and develop a plan whereby the health officer of this health unit and the staff, augmented by additional personnel, might give service to Colusa County.

The provision of adequate local health service in the less populated counties is one of the foremost public health needs of the State. While the population is not great, health facilities in many of the areas are so meager that needless sickness and deaths result.

Since it is not economically advantageous for counties with small populations to develop an effective health service, it will be necessary for several counties to combine resources and secure the services of a health officer and a proper staff, or have the State Department of Public Health provide the service on a different basis.

Approximately one-half of California's 58 counties have provided to a greater or lesser degree, health services on a full-time basis. The remaining counties of the State which have a population of less than approximately 10 per cent of that of the entire State might well plan health districts or contract one with another to secure the health services needed. The State Department of Public Health always stands ready to assist local areas and as long as Federal funds are available, they will be allocated to the various areas of the State where health services are developed. During the present fiscal year, approximately \$650,000 have been made available for this purpose.

FEDERAL ASSISTANCE IN TUBERCULOSIS ERADICATION

Before Congress is now pending an appropriation for tuberculosis control in the Nation. Funds made available will be allocated by the United States Public Health Service to the various States on the basis of need. During the month of November the Bureau of Tuberculosis completed a survey of the facilities for the diagnosis and care of tuberculous in the State of California. Sanatorium facilities are badly needed in many sections of the State, and as in all fields of endeavor the manpower shortage, which here includes doctors, nurses and others necessary for the operation of sanatoriums, is extremely acute.

LABORATORY EXAMINATION OF MUSSELS AND CLAMS

During the month of November, 68 specimens of shell fish were examined in the laboratories of the State Department of Public Health. Of these, 17 were found to be toxic in a concentration dangerous for human consumption. During the latter part of the month there was a marked lowering of toxicity and at the time of the writing of this report, it has been possible to release the quarantine of shell fish in the State of California.

MORBIDITY REPORT—DECEMBER, 1944

Reportable diseases	Week ending				Total cases	5-yr. median	Total cases
	12-9	12-16	12-23	12-30	Dec.	Dec.	Jan.-Dec., inc.
Amebiasis (Amoebic Dysentery).....	3	2		2	7		96
Anthrax.....							
Botulism.....		1			1		11
Chancroid.....	7	6	2	10	25		309
Chickenpox (Varicella).....	787	837	662	676	2,962	3,015	35,858
Cholera, Asiatic.....							
Coccidioid granuloma.....	1			1	2		31
Conjunctivitis—acute infectious of the newborn (Ophthalmia Neonatorum).....				1	1		37
Dengue.....							
Diphtheria.....	25	24	35	33	117	119	1,219
Dysentery, bacillary.....	5	8	7	12	32		481
Encephalitis, infectious.....	2	1	1		4		78
Diarrhea of the newborn.....							67
Epilepsy.....	32	32	12	37	113		1,530
Food poisoning.....	12	6	8	11	37		625
German measles (Rubella).....	62	78	73	67	280		14,862
Glanders.....							
Gonococcus infection.....	507	513	378	438	1,836	1,373	20,433
Granuloma inguinale.....					1		22
Influenza, epidemic.....	30	20	19	16	85	358	11,136
Jaundice, infectious.....	17	5	3	3	28		335
Lymphogranuloma venereum (lymphop- athia venereum, lymphogranuloma inguinale).....	1	6	2	1	10		228
Malaria.....	1	1	1	3	6	7	128
Measles (Rubeola).....	259	298	250	273	1,050	705	68,381
Meningitis, meningococci.....	11	20	9	13	53		991
Mumps (Parotitis).....	794	713	598	363	2,468	1,535	32,588
Paratyphoid fever, A and B.....	1			1	3		51
Plague.....							1
Pneumonia, infectious.....	100	76	74	68	318	390	4,211
Polio myelitis.....	16	6	7	8	37	40	457
Psittacosis.....							1
Rabies, human.....							3
Rabies, animal.....	12	15	6	13	46	36	908
Relapsing fever.....				3	3		8
Rheumatic fever.....	15	14	14	21	64		569
Rocky Mountain spotted fever.....							
Scarlet fever.....	326	366	262	297	1,251	697	10,599
Septic sore throat, epidemic.....							1
Smallpox (variola).....							20
Syphilis.....	677	550	356	489	2,072	1,779	27,302
Tetanus.....				2	3		69
Trachoma.....				1	1		74
Trichinosis.....							38
Tuberculosis, pulmonary.....	113	199	66	275	653	556	8,150
Tuberculosis, other forms.....	7	12	3	82	104	35	587
Tularemia.....							4
Typhoid fever.....	2		3	3	8	21	253
Typhus fever.....	2	2		1	5		41
Undulant fever (Brucellosis).....	7	11	2	4	24		319
Whooping cough (Pertussis).....	143	140	119	131	533	795	5,003
Yellow fever.....							
					14,243		248,944

NOTE: Military cases, if any, not included.

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